

## DIRECT SPENDING LEGISLATION—AUTHORIZING COMMITTEE 302(a) ALLOCATIONS FOR RESOLUTION CHANGES

[Fiscal years, in millions of dollars]

| House committee                         | 2007 |         | 2008   |         | 2008–2012 Total |         |
|-----------------------------------------|------|---------|--------|---------|-----------------|---------|
|                                         | BA   | Outlays | BA     | Outlays | BA              | Outlays |
| Current allocation:                     |      |         |        |         |                 |         |
| Education and Labor .....               | \$0  | \$0     | \$-150 | \$-150  | \$-750          | \$-750  |
| Energy and Commerce .....               | 0    | 0       | 0      | 0       | 0               | 0       |
| Ways and Means .....                    | 0    | 0       | 0      | 0       | 0               | 0       |
| Change in TMA extension bill (S. 1701): |      |         |        |         |                 |         |
| Education and Labor .....               | 13   | 4       | 0      | 5       | 0               | 8       |
| Energy and Commerce .....               | -1   | -1      | 134    | 132     | 89              | 87      |
| Ways and Means .....                    | 0    | 0       | -38    | -38     | -98             | -98     |
| Total .....                             | 12   | 3       | 96     | 99      | -9              | -3      |
| Revised allocation:                     |      |         |        |         |                 |         |
| Education and Labor .....               | 13   | 4       | -150   | -145    | -750            | -742    |
| Energy and Commerce .....               | -1   | -1      | 134    | 132     | 89              | 87      |
| Ways and Means .....                    | 0    | 0       | -38    | -38     | -98             | -98     |

## BUDGET AGGREGATES

[On-budget amounts, in millions of dollars]

|                                         | Fiscal year 2007 | Fiscal year 2008 <sup>1</sup> | Fiscal years 2008–2012 |
|-----------------------------------------|------------------|-------------------------------|------------------------|
| Current Aggregates: <sup>2</sup>        |                  |                               |                        |
| Budget Authority .....                  | \$2,255,558      | \$2,350,261                   | n.a.                   |
| Outlays .....                           | 2,268,646        | 2,353,893                     | n.a.                   |
| Revenues .....                          | 1,900,340        | 2,015,841                     | \$11,137,671           |
| Change in TMA extension bill (S. 1701): |                  |                               |                        |
| Budget Authority .....                  | 12               | 96                            | n.a.                   |
| Outlays .....                           | 3                | 99                            | n.a.                   |
| Revenues .....                          | 0                | 0                             | 0                      |
| Revised Aggregates:                     |                  |                               |                        |
| Budget Authority .....                  | 2,255,570        | 2,350,357                     | n.a.                   |
| Outlays .....                           | 2,268,649        | 2,353,992                     | n.a.                   |
| Revenues .....                          | 1,900,340        | 2,015,841                     | 11,137,671             |

<sup>1</sup> Pending action by the House Appropriations Committee on spending covered by section 207(d)(1)(E) (overseas deployments and related activities), resolution assumptions are not included in the current aggregates.<sup>2</sup> Excludes emergency amounts exempt from enforcement in the budget resolution.

Note.—n.a. = Not applicable because annual appropriations Acts for fiscal years 2009 through 2012 will not be considered until future sessions of Congress.

## HEALTH CARE IN AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Texas (Mr. BURGESS) is recognized for 60 minutes as the designee of the minority leader.

Mr. BURGESS. Mr. Speaker, this evening, I wanted to come to the floor of the House to talk once again a little bit about health care. Health care in this country is going to be something that is on the front pages during the next 18 months until the next Presidential election, I suspect, and something we're going to devote a great deal of time and energy to on the floor of this House, perhaps even this month.

As we debate the future of medical care in this country over the next 18 months and through the Presidential election that will follow in 2008 and the Congress that convenes in 2009, we've got to decide on the avenues through which our health care system will be based. And essentially, Mr. Speaker, right now we have a system that is based part on the government, part on the public sector, and partly on the private sector.

The issue before us is, do we expand the public sector? Do we expand the government's involvement in health care? Do we expand the government's involvement in the delivery of health services, as popularly referred to as universal health care, and back in the 1990s, it was termed "Hillary care," or do we encourage and continue the private sector involvement in the delivery of health care? The two options bring about a significant number of questions and a significant number of concerns addressed on both sides of the aisle. But I'm hopeful that as we con-

tinue to study this problem and debate this problem in this body, we will shed some light on the direction that we should be taking.

And Mr. Speaker, I don't think there is any question that the United States has developed one of the best health care systems in the world. Access can be an issue, but the quality of health care practiced in this country is second to none. You have people coming from all over the world. When I was a medical student at the Texas Medical Center down in Houston, Texas, you would have people coming from all over the world to avail themselves of the medical care that was available at Texas Medical Center. And close to my district in north Texas, you have Southwestern Medical School in Dallas, a number of Nobel Laureates on the clinical faculty there. Unbelievable sources of talent and knowledge that are available to training the young physicians of tomorrow. So these are the types of things we've got to be certain that we preserve, protect and defend as we do things that will perhaps alter the way medicine is practiced in this country.

Now, there are a lot of people who take issue with the fact that I maintain that the United States has the best health care system in the world. Plenty of people here in this body would say that's an overstatement. They would say, you've got a large number of uninsured people in this country, or prescription drugs cost way too much. The issues are there, but you know what, Mr. Speaker? The old saying is that numbers don't lie, but if you torture them long enough, they'll admit to almost anything.

We've got to dispense with a lot of the platitudes and the soundbites and try to get to really what is causing the

problems that we have here, and how can we best go about correcting those problems? Well, how about applying some American ingenuity to getting those problems solved.

So, tonight, in talking about the different principles that guide the debate about public versus private in the delivery of health care services, it's important to concentrate a little bit on the background on how we got to the system that we have today.

The idea that we have a problem to solve is not new. Secretary Leavitt, I certainly agree with him when he made the remarks in a speech not too long ago that tackling the division between the two philosophies, public versus private, recently the Secretary said in a speech and in an op-ed piece, he posed the question, should the government own the system, or should the government be responsible for some organization in the system and leave the proprietary standpoint to someone else?

Mr. Speaker, during World War II, this country was faced with some significant problems, and one of the problems was the specter of inflation. So Franklin Roosevelt said, look, we're going to have wage and price controls in this country so that inflation doesn't get out of control. Employees found themselves highly sought after because a lot of the workforce was overseas fighting the war. Employers wanted to keep their employees happy. They wanted to keep them employed. They wanted to keep them loyal to their respective companies, but they were unable to raise wages because there was a Presidential decree that we were under wage and price controls. So the Supreme Court rendered a decision that benefits, things we talk about now